

Attorney Docket No. <u>62684.000001</u> Attorney Customer No. <u>21967</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re US Patent Application of:	.)	
Edward FEDEROWICZ)	
Application No.: 09/851,208)	Group Art Unit: 3673
Filing Date: May 7, 2001)	Examiner: F. Conley
, ,	j	,
Title: PATIENT LEVITATION)	
APPARATUS FOR PATIENT)	
TRANSFER OR LINEN CHANGING)	

RESPONSE TO THE OFFICE ACTION MAILED JUNE 23, 2003

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action mailed June 23, 2003, kindly amend the above-identified application as follows:

RECEIVED
OCT 3 0 2003
GROUP 3600

36734



Attorney Docket No. <u>62684.000001</u> Attorney Customer No. <u>21967</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

În re U	JS Pater	nt Application of:)				
Edwar	d FEDE	EROWICZ))				
Applic	cation N	o.: 09/851,208) Group Art Unit: 3673				
Filing	Date: N	May 7, 2001) Examiner: F. Conley				
Title: PATIENT LEVITATION APPARATUS FOR PATIENT TRANSFER OR LINEN CHANGING		RATUS FOR PATIENT ISFER OR LINEN))))				
		RESPONSE TR	ANSMITTAL LETTER				
P.O. E	ox 1450	r for Patents 0 Firginia 22313-1450					
SIF:	Enclos	sed is a Response to the Officia	d Action dated June 23, 2003 in connection with the				
above	-identifi	ed patent application.					
	[X]	A petition for a One-Month Extension of Time is also enclosed together with a check in the amount of \$55.00 for the required official fee.					
	[]	Also enclosed is an Information Disclosure Statement Transmittal Letter, Information Disclosure Statement, PTO-1449 and a copy of the references. Authorization is given in the Information Disclosure Transmittal Letter to charge the \$180.00 required official Fee to Deposit Account No. 50-0206.					
	[X] No additional claim fee is required.						
	[]	[] An additional claim fee is required, and is calculated as shown below:					
			-a-n/E				

RECEIVED 0CT 3 0 2003 GROUP 3600

CLAIMS							
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSL Y PAID FOR	EXTRA CLAIMS	RATE	FEE		
Total Claims	8	Minus 20 =	0	x \$18.00 =	0.00		
Independent Claims	2	Minus 3 =	0	x \$84.00 =	0.00		
If Amendment	N/A						
Total Amendm	0.00						
If small entity	0.00						
TOTAL ADD	\$ 0.00						

- [] Charge <u>\$</u> to Deposit Account No. 50-0206 for the fee due.
- [X] Check No. 364947 in the amount of \$55.00 is enclosed for the fee due.
- [X] A Certificate of Mailing Under 37 C.F.R. § 1.8 is enclosed herewith.
- [X] Self-addressed stamped postcard.
- [X] The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §1.16, 1.17 and 1.21 that may be required by this paper to Deposit Account No. 50-0206.

Date: October 23, 2003

Respectfully submitted,

Christopher J. Forstner Registration No. 46,049

(804) 788-8233

HUNTON & WILLIAMS 1900 K Street, N.W. Washington, DC 20006-1109 (202) 955-1500 telephone (202) 778-2201 facsimile